

RULE 63 (37 C.F.R. 1.63)
DECLARATION FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **UNDERGROUND STORAGE TANK VAPOR PRESSURE EQUALIZER**, the specification of which (check applicable box(es)):

- ☒ is attached hereto.
☐ was filed on _____ as U.S. Application Serial No. _____
☐ was filed as PCT international application No. PCT/_____/_____ on _____ and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. 1.56(a). I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Prior Foreign Application(s):
Application Number

Country

Day/Month/Year Filed

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application listed below:

Prior Provisional Application(s):
Application Serial No.

Day/Month/Year Filed

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56(a) which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

Prior U.S./PCT Application(s):
Application Serial No.

Date/Month/Year Filed

**Status: patented,
 pending, abandoned**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | | | |
|-------------------------|-----------------------------|----------------|---------------|------------------------|----------------|
| 1) Inventor's Signature | <u>Seifollah S. Nanaji</u> | | | Date | <u>6/10/02</u> |
| Inventor's Name (typed) | <u>Seifollah</u> | <u>S.</u> | <u>Nanaji</u> | <u>USA</u> | |
| | First | Middle Initial | Family Name | Citizenship | |
| Residence (City) | <u>Greensboro</u> | | | State/Foreign Country) | <u>NC</u> |
| Post Office Address | <u>4815 Pine Glen Court</u> | | | Zip Code | <u>27410</u> |
| 2) Inventor's Signature | _____ | | | Date | _____ |
| Inventor's Name (typed) | _____ | _____ | _____ | _____ | |
| | First | Middle Initial | Family Name | Citizenship | |
| Residence (City) | _____ | | | State/Foreign Country) | _____ |
| Post Office Address | _____ | | | Zip Code | _____ |
| 3) Inventor's Signature | _____ | | | Date | _____ |
| Inventor's Name (typed) | _____ | _____ | _____ | _____ | |
| | First | Middle Initial | Family Name | Citizenship | |
| Residence (City) | _____ | | | State/Foreign Country) | _____ |
| Post Office Address | _____ | | | Zip Code | _____ |

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.

COPY